



U.S. DEPARTMENT OF STATE

APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

A. THIS SECTION TO BE COMPLETED BY APPLICANT.			Please Type or Print Neatly in Blue or Black Ink. See Instructions on Reverse Side.		18. Serial No. _____ Date Issued _____ <small>(mm-dd-yyyy)</small> Approved by _____ FS Post _____
1. NAME OF CHILD IN FULL <i>(Last, First, Middle)</i>				2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	
3. DATE OF BIRTH <i>(mm-dd-yyyy)</i>	4. HOUR <div style="text-align: center; font-size: small;">AM PM</div>	5. PLACE OF BIRTH IN FULL <i>(City, State, Country)</i>			

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

FATHER	ITEM	MOTHER
	6. FULL NAME <small><i>(Include mother's maiden name)</i></small>	
	7. DATE OF BIRTH <small><i>(mm-dd-yyyy)</i></small>	
	8. PLACE OF BIRTH <small><i>(City, State, Country)</i></small>	
	9. PRESENT ADDRESS <small><i>(Street No., City, State)</i></small>	
	10. ADDRESS IN UNITED STATES <small><i>(Street No., City, State)</i></small>	
	11. EVIDENCE OF U.S. CITIZENSHIP IF ALIEN, SHOW NATIONALITY	
FROM <small><i>(mm-dd-yyyy)</i></small> TO <small><i>(mm-dd-yyyy)</i></small>	12. PRECISE PERIODS OF PHYSICAL PRESENCE IN UNITED STATES <small><i>(Do not list individual States. Use additional paper, if necessary)</i></small>	FROM <small><i>(mm-dd-yyyy)</i></small> TO <small><i>(mm-dd-yyyy)</i></small>
FROM <small><i>(mm-dd-yyyy)</i></small> TO <small><i>(mm-dd-yyyy)</i></small> BRANCH OF SERVICE	13. PRECISE PERIODS ABROAD IN U.S. ARMED FORCES, IN OTHER U.S. GOVERNMENT EMPLOYMENT, WITH QUALIFYING INTERNATIONAL ORGANIZATION, OR AS DEPENDENT OF SUCH PERSON <small><i>(Specify)</i></small>	FROM <small><i>(mm-dd-yyyy)</i></small> TO <small><i>(mm-dd-yyyy)</i></small> BRANCH OF SERVICE
	14. PREVIOUS MARRIAGES SHOW DATE AND MANNER OF TERMINATION OF ALL	
15. DATE <small><i>(mm-dd-yyyy)</i></small>	PLACE OF PRESENT MARRIAGE <small><i>(City, State, Country)</i></small>	

B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH				
16. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
NAME OF PERSON PROVIDING INFORMATION		SIGNATURE		RELATIONSHIP TO CHILD
SUBSCRIBED TO: <small><i>(SEAL)</i></small>	TYPED NAME AND TITLE OF OFFICIAL	SIGNATURE OF OFFICIAL	CITY	DATE <small><i>(mm-dd-yyyy)</i></small>

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED:
18. (See upper right corner)